MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Nico	1990	00		CERTII	FICATE	OF DEATH			OREEZ	1
M	PLACE OF DEATH	en Anne		MAR	RYLAND	2. USUAL RESIDENCE a. STATE	•	b. COUNT		,
ours aft.	D. CHIT OK TUYYN	(If autside carparote limit and give negrest town) Centrevil:		Life Ti		c. CITY OR TOWN (IF	autside corporate	limits, write RURA	I. and give neore	st tawn)
60	d. NAME OF HOSE	RFD Centre				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF OECEASED (Type or print)		rst	Middle	II	lost	4. DATE OF OEATH	Month June	Day 5	
1	SEX Female	6. COLOR OR RACE Negro	7. MARRIED WIDOWEO	NEVER MARRIE		DATE OF BIRTH	1888	AGE (In yeors last eirthdoy) yrs.	Months Days	Hours Min.
		DN (Give kind af wark done of life even if retired)	10b. KIND INDU	OF BUSINESS OR STRY		11. BIRTHPLACE (Count Queen A		gn country) Md.	12. CITIZEN O COUNTRY	F WHAT
1:	3. FATHER'S NAME	nknown				14. MOTHER'S MAIDEN	t Cook			
la lo (S. WAS OFCEASED E Yes, na, ar unknawn	VER IN U.S. ARMED FORCES? (If yes give war ar dates of	of service) 16, SO	CIAL SECURITY NO.		FORMANT da Willey	Hadd	Address lenfield		
prior to burial, cremation, or remaval, and in any event, within 72 hours affer seath	Canditions, if or rise to immedi stating the und lost.	ote couse (o), derlying cause	TO (b) all	los	Theor Enter	Hypphenis	N	ase.	, 3	SET AND DEATH
of Health pr	PART II. OTHER	SIGNIFICANT CONDITIONS C				HE TERMINAL DISEASE C				WAS AUTOPSY PERFORMED?
pt. af t		IG CAUSE OF DEATH Y MEDICAL EXAMINER)								
State Dept.	Hour's	DURY Manth, Ooy, Year J.m. J.m. 19	While of work	RY OCCURRED Nat While al wark		E OF INJURY (Home, fo ry, street, office bldg., et 2		(City or town)	(Caunty)	(State)
		t ify that (I) (this has deceased alive an	pital) attender May 3 0			death accurred a	180 1 , ta	tram causes a		nat (i) (.we) las te stated abave
should be filed with the State Dept. of	22c. PHYSICIAN NAME TYP	Shew &	Drie Smith	to p	A.D.	ATTENDING PHYS. 22d. ADORES	MED. DIRECTOR [STAFF PHYS.	22b. OATE SIGN	8-62
shaulo	Burial, CREMA REMOVAL (Speci	6-IO-I		23c, NAME OF CEA			Cors	TION (City or Town	k Queen	Anne
(M)	G.H. D	OR	Easton,			DATE DATE	JN 9		Lianles	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

1 120 11 Annual delivery and the second stational rate on the state of 111111 L I year water to and arequal . L.b. ar will wrote a real proof.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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×	, p	funeral director. Page 4 should be forwarded to the Chief Medical Examines Wife along with form PM3. Page	9 6	AL I	Tion
PUT	Sary	ner	d be	ER,	10
H	53	2	0	3	=

VR A15ME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08667	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	08668			
1. PLACE OF DEATH a. COUNTY Queen Anne	MARYLANO	o. STATE Marylan	d b. cou	tion: Residence before admission) Ween Anne			
b. CITY OR TOWN (If autside carparate limits, write PURAL and give nearest town) heaten (nunal) d. NAME OF HOSPITAL OR INSTITUTION (If not in h Hanbor View	c. LENGTH OF STAY IN 16 14 years aspital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester (nural) d. STREET ADDRESS Harbor View RESIDENCE ON A EARM? YES NO.					
3. NAME OF Eirst DECEASED (Type or print) Lillian Sav	Middle vin Kosinske		DATE Mon OF DEATH	June 4 1967			
- 4 4	NARRIED NEVER MARRIED DIVORCEO DIVORCEO DIVORCEO	8. OATE OE BIRTH July 29. 19 11. BIRTHPLACE (State or 1		Months Days Hours Min.			
during most of working life even tretired)	INDUSTRY	Manyland		USANTRY?			
13. EATHER'S NAME Andrew A. Savin	Latte To	14. MOTHER'S MAIDEN NAM	nhauser				
15. WAS OECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) (If yes give war or dates at serv		CLEMENT Kes	inske, Ches	12%			
18. CAUSE OF DEATH (Enter only one cause per PART I. OEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	Arroscler disease	ry Occul.	en lic Vasco	interval between onset and of other onset and of other other of the other othe			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH				19. WAS AUTOPSY PERFORMEO? YES NO			
	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I or Part II of item 18.)				
20c. TIME OE INJURY Manth, Ooy, Year Haur a.m. 19		ACE OE INJURY (Hame, larm, tary, street, affice bldg., etc.)	2Df. (City or town)	(County) (State)			
21. I certify that I tack charge of death resulted from: Notural considerations actual signature EXAMINER'S NAME (Type)		CHIEE MEDICAL EXA M.D. ASSISTANT MEDICAL DEPUTY MEDICAL E		5 22. DATE SIGNE			
23a. BURIAL, (REMATION, BMOVAI (Sperify) 6/7/1967	23c. NAME OF CEMETERY OR	CREMATORY Comerical Park		L.			
24. EUNERAL DIRECTOR E. NEWNAM &	SON, EASTON, MO.	2Sa. REC'D BY		REGISTRAR'S SIGNATURE			

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2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) EVENSVILLE Month 9. AGE (In years IFUNDER TYEAR last birthday) Months YES. 12. CITIZEN OF WHAT COUNTRY? Address PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

Day

3

Days

e. IS RESIDENCE

ON A FARM?

YES NO PO

Year

IF UNDER 24 HRS

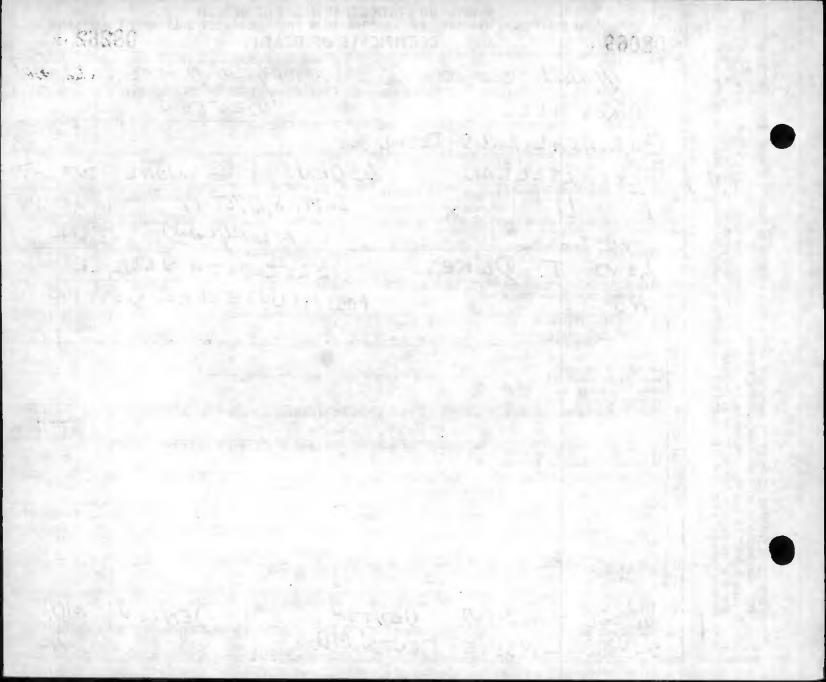
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INTERVAL BETWEEN PERFORMED? NO A Inspection . Inquiry , and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY QUEEN ANNES

by the	म		b_CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in by	hours af		Chyline RURAL and give neargest town) DENTON
fled i	12 gn		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2 III III	5 90		CULONDAL ARMS RESTITIONED YES NOW
etely Dog	within	3.	NAME OF First Middle , Last 4. DATE Month Oay Year
withi pletel	Tig I		OECEASED (Type or print) LILLIAN LIDEN LIDEN OF WAR 27 1967
compl		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Months Oays Hours Min.
executed within and completely remove carbon	any	-4	WIDOWEO OIVORCED OIVORCED 7 yrs.
	.5	10a dur	a. USUAL OCCUPATION (Give kind of work done 10b. MIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY) 12. COUNTRY)
certificate be nding physician . Then please	and		et house
ficat ficat	yal,	13.	FATHER'S NAME LEVE T DUKES 14. MOTHER'S MAIOEN NAME LEVE T TOURLL
ertig	remova		LAVI 1. YUNGS
atte	5	15 (Ye	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MESS MINUS DE DUKES BENTON MESS MINUS DE DUKES DENTON
e = ==	cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
an. an. d by	Cren		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATTO 3010 - 01 Cardia Dascular douse years
tha Sici	-		4221 DUE TO
phy phy si si si pur	burial		gave rise to immediate (b)
ling ling been the t	5		cause (a), stating the OUE TO
tenc as	prio	z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
r at te f	£ 2	ATTO	PERFORMED?
al o fica	Health 2	FIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
hospit ched	Dept. of	CERTIFICATION	OR CONTIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
the this deta	e De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State)
be be	Stat	MEC	p.m. 19 at work at work
Med A but	the		21. I certify that (I) (this hospital) attended the deceased from 13, 1967, to 1977, that (I) (we) last
Short State	長		saw the deceased alive on 1997, and that death occurred at M, from the causes and on the date stated above
DIRECTOR I	ed ₩		ATTENDING HE MED. STAFF - (-2)
	4三		M.D. PHYS. DIRECTOR PHYS.
TO HOSPITAL Page 4 may FO FUNERAL director, px	should be		NAME (Type) C. I hauton Centreville mg
Page FUN direct	loor /	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 E	0	1	SEMOTIAL (Specify) JUNE 29 1967 () ENTON MD.
	m	24	
VR A15 (4	1	1	THE VERGET MARKED DANTON, IN 9 HOCK Michael under

15M 4-64



	120041	}		CEKTIFICA	ALE OF DEATH			US	P10
Q.	ACE OF DEATH COUNTY	Queen A		MARYLAND	o. STATE Ma	E (Where deceased live	b. COUNT	W Queen	Anne
b.	CITY OR TOWN (I	outside carparate limi	is,	c. LENGTH OF STAY IN 16	· ·	autside corporate limi		Al ond give neare:	st town)
		AL OR INSTITUTION (If I		50 Yrs.	d. STREET ADDRESS	Sudlersv	TITE		e. IS RESIDENCE
u.	NAME OF HOSFIE	Nene	or ar nespiral, g	line street address!	d. SIREET ADDRESS	N.	ne		ON A FARM? YES NO [
	LME OF CEASED		irst	Middle	Last	4. DATE OF	Manth	,	
(Ty	rpe or print)	Ella	T 2	May	Marvel	DEATH	Jun	IF UNDER I YEAR	19 67 IF UNDER 24 H
	male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Sept. 25,	last	(In years birthday) Yrs.	Months Days	Haurs Min
o. U	SUAL OCCUPATION most of working	(Give kind af wark dans life, even if retired)	106. KI	ND OF BUSINESS OR DUSTRY	11.8IRTHPLACE (Cour	nty & State, ar foreign co	iuntry)	12. CITIZEN OF COUNTRY S USA	WHAT
	ATHER'S NAME				14. MOTHER'S MAIDE				
	Jehn	Perry			Ma	ry Legg			
15. V	VAS DECEASED EVE	RINUS ARMED FORCES	16, 1	SOCIAL SECURITY NO.	17. INFORMANT	-4	Addres	55	
(Yes	na, ar unknown)	(If yes give wor or dates	of service)	Unknewn	Roy Marve	Sudlan	en:111	a Ma	
-		ATH (Enter only one co			ALOU MAL VO.	T DUCTET	2 Y 4 4 4		ERVAL BETWEEN
Π.		H WAS CAUSED BY:		0	asther				ISET AND DEATH
	1190	IMMEDIATE CAUSE		Junes	- Cours	169			
	onditions, if any,	/	10	10 1	1 0.1	1 00	0 -		
	se to immediat	e couse (n)	(b)	erenas	Esterna	L N C	crons		
	toting the under		10			1 4			
	ıst.)	(c)	Clerm	ul Unifor	egl-elin			
P	ART II. OTHER SI	SNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN P	ART 1(a)	19.	WAS AUTOPSY PERFORMED?
10					rulet		. ,		PERFORMED?
CERTIFICATION	Oo. ACCIDENT WAS	HINDER VINC T	20k DE	SCRIBE HOW INJURY OCCURI		in Part I as Part II of	item 19)		110
E 6	R CONTRIBUTING	CAUSE OF DEATH	200. 00	- A	ALD. (CITIES TRANSPORTED INTO INTO	nt ruit t of Fall II OT	nem 10.j		
		MEDICAL EXAMINER)		40					
MEDICAL Z	Oc. TIME OF INJU Haur 'o.n	IRY Manth, Day, Year	20d. IN	JURY OCCURRED 20e.	PLACE OF INJURY (Hame, f factory, street, affice bldg.,		or tawn)-	(County)	(State)
ž	p.n	n. 19	Pat work		rationy, street, diffice blug., t	sic.)			
	21. L certif	v that (1) (this ha		led the deceased from	1 del 1063	. 19 to 1	. 2	19671	not (I) (we)
	saw the de	ceased alive on_	Thing 3	1967, and	that death accurred	at M. froi	n couses o	and on the dat	e stated ab
-	22a. SIGNATURE		7	7	1/			22b. DATE SIGN	
		(0)	N/11.	10201	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	Inlia"	1/24
-	22c. PHYSICIAN'S		UTTRE	carge	22d. ADDRESS	DIRECTOR L	rn13	1 9/0/	4/1
	NAME (Type)	(2) H	-14=	TC 47 EL		ud-list	VIII	1 2	4
			14/1	CILARA			rui	(/	1
	BURIAL, CREMATIC			23c. NAME OF CEMETERY		23d. LOCATION		, , ,	(State)
-	BULL Specify		57	Templevil	le	Templ			
24	FUNERAL DIRECTO	R	1	ADDRESS	2Sa. R	EC'D BY REGISTRAR		SISTRAR'S SIGNATU	
4	.C. Bon	(100 m) d	for now	10 mass M	al DATE	11M 0: 40	7 00	Clisves !	noge

certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages J-and-2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Poge 4 may be retained by the hospital or attending physician.

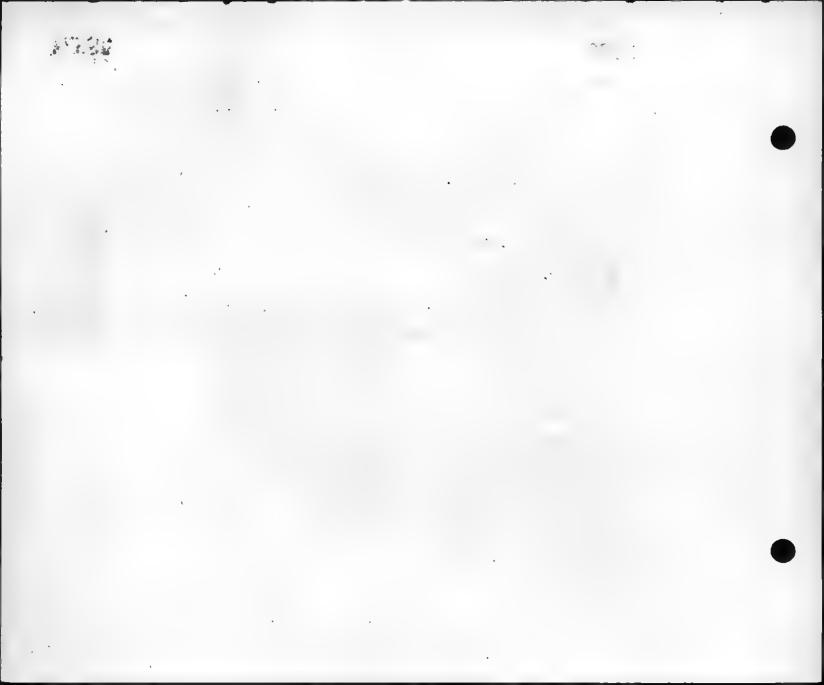
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VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEAL	TH
DIVISION O	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	
08671	CERTIFICATE OF DEATH	- 08671
PLACE OF DEATH	2. USUAL RESIDENCE (Where the state of th	deceased lived. If institution: Residence before

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
B. COUNTY	a. STATE b. COUNTY.
Queen Anne MARYLAND	a. STATE Maryland b. COUNT Queen Anne
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Chestertown	Rural - Chestertown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS B. IS RESIDENCE
At Home Fey Road	ON A FARM?
/	Fey Road YES No.★X
3. NAME OF First Middle DECEASED	1 DATE Month Day Year OF June 8
(Type or print) Herbert W. Rice	DEATH 19
5. SEX 6. COLOR OR RACE 7. MARRISON NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
male white widoweo Divorced	July 9, 1905 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Certified Public Accountant	Patterson, N. Jersey USA
13. FATHER'S NAME	Platterson, N. Jersey USA
	Alice Bacon
Arthur Wm. Rice	1 1 1
(Yes, no. or unknown) ((If yes nive war or dates of service))	INFORMANT Fay Road
	rs. H. W. Rice Chestertown Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Arteriosclerotic	cardiovascular disease ONSET AND CEATH
Conditions if any subleh	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
ICA	YES NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS. 208. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Walle - Mot Abile -	ory, street, office bldg., etc.)
g.m. 19 at work	1/10 66 6/9 67
21. I certify that (I) (this hospital) attended the deceased from	1/18 , 19 66, to 6/8 , 197 , that (I) (we) last t death occurred at 2 M, from the causes and on the date stated above.
saw the deceased alive on 6/8 1997, and tha	t death occurred at 2 AM, from the causes and on the date stated above.
228. SIGNATURE	ATTENOING MED CYAFE 22b. DATE SIGNED
1 Hell of the M.	D. PHYS. XX DIRECTOR PHYS. 6/8/6/
22c. PHYSICIAN'S NAME (Type) Robert W. Farr	22d. ADDRESS
RODEIL W. Pall	Chestertown, Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 6/10/67 New Cathedr	al Cemetery Baltimore, Md.
24. FUNERAL OIRECTORY ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Chestertown	Md see
J. C.	, Ma. DATE HIN 1 9 1967 Charles Judge



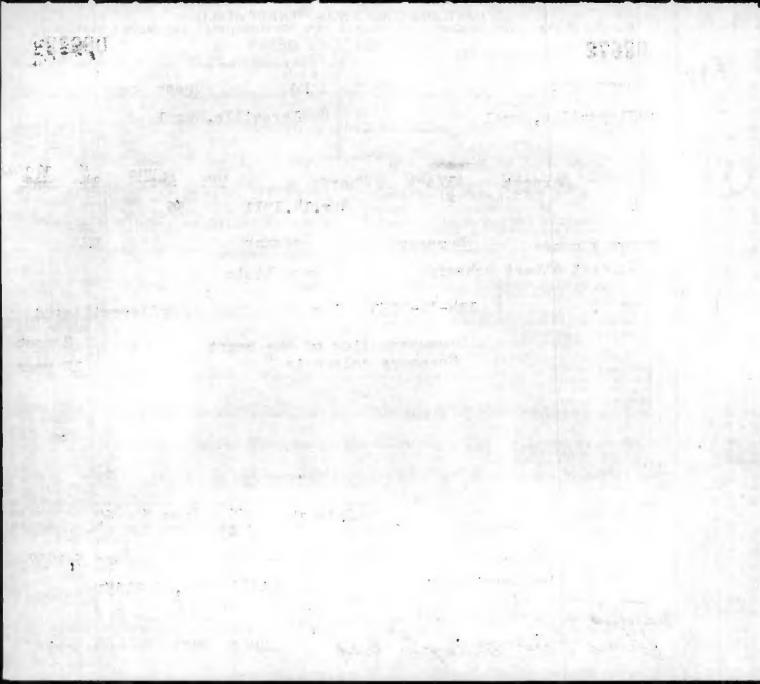
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours and the state Dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08672	tom#2 Film	CERTIFICAT	E OF DEATH		08672	
y4.	place of Death a. COUNTY D. CITY OR TOWN (If outside countre RURAL and give neare Sudlersville d. NAME OF HOSPITAL OR INST	Rural	MARYLANO LENGTH OF STAY IN 1b tal, give street address	a. STATE M. c. CITY OR YOWN (IF outs Sudlersvil	b. COUN Oncen A ide corporate limits, wr	titution: Residence before add	t town)
	NAME OF Eugene DECEASED (Type or print) SEX 6. COLOR OR M	WIDOWED	NEVER MARRIED	Lest 4. S. DATE OF BIRTH Apr. 14.1911	DATE Monti OF Jun P. ACE (m years last bichday)	Day Year FUNOER TYEAR IT FUNDER	196
du	a. USUAL OCCUPATION (Cive kind oring most of working life, even if MURSERY OWNER). FATHER'S NAME Earnest Alb	retired) Nur	sery.	11. BIRTHPLACE (County Germany 14. MOTHER'S MAIDEN Rmma KIot	YAME	12. CITIZEN OF WHAT COUNTRY? USA	
1! (Y	5. WAS DECEASED EVER IN U.S. ARM es, no, or unkown) (If yes give war or 110	vieo Forces? 16. Soc	10-2753		Addres	ercvilleimd	
	PART I. OEATH (Enter of PART I. OEATH WAS CAUS IMMEDIATE (Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last,	SEO BY: CAUSE (a) Dec	.,,,,	on of the he	art	7.0	ear_
ICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CO 20a. ACCIOENT WAS UNDERLY! OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL I 20c. TIME OF INJURY Month,	INC 20b. DESC P DEATH EXAMINER)	CRIBE HOW INJURY OC	CURREO. (Enter nature of Injunction) ACE OF INJURY (Home, farm, tory, street, office bidg., etc.)		YES YES I	
MEDICAL	Hour a.m. p.m. 21. I certify that (I) (this saw the deceased alive of the control of the contro	s hospital) attended to June 2	the deceased from 19 67, and the	at death occurred at 5	M, from the causes	_, 1967, that (I) (wand on the date stated 22b. DATE SIGNED June 5.196	above.
23	a. BURNAT, CREMATION, 23b. PEMOVIN Specify) 4. FUNEDAL OIRECTOR Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Coloni	OATE THEREOF 23	SC. NAME OF CEMETER SOUND WE ADDORESS MANUAL MANUAL ADDORESS	d. School	BY RECISTRAR 25b. R	D. 1	

VR A15 (4) 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08673	CERTIFICATE OF	DEATH	U8673
1.	PLACE OF DEATH a. COUNTY		AL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
	QUEEN AN	VE MARYLAND 0. ST	NID. QUE	EN ANNE
	 b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 		OR TOWN (If autside carporate limits, write RURAL and	give nearest tawn)
C	ENTREVILLE	LIFE TIME C	ENTGELILLE	17.1
	d. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital, give street address) d. STRE	ET ADDRESS	e. IS RESIDENCE ON A FARM?
-	103 LITTLE 1	104121- 100	- LITTLE DID WEL	YES NO
3.	NAME OF DECEASED		LOST 4. DATE Month OF JUNE	2-6 19-67
5.	(Type ar print) SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B. DATE O	F BIRM 9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
A	EMALE NEGAR	WIDOWED DIVORCED 1-6	- 1906 Blast birthday) Mantl	hs Days Haurs Min.
	a. USUAL OCCUPATION (Give kind at wark dane			2. CITIZEN OF WHAT
00	ring most of working life, even if retired	PRIVATE FAMILY BE	DEN ANNE	COUNTRY?
13	FATHER'S NAME	14. MO	THER'S MAIDEN NAME	
	JAMES HO	LLTS AL	DLINE THE LO	4
	 WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknawn) (If yes give war ar dates of 	service) 16. SOCIAL SECURITY NO. 17. INFORMAT		1 . 1
	NO	230-35-6420-A	MAGCELLE DE	-oach
	18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
	33/X IMMEDIATE CAUSE (r-hage	1 theur
П	Conditions, if any, which gave)	b) Hypertensin Vascu	lar Disense	3 years
	rise to immediate cause (o), Stoting the underlying cause			
		0		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter not	ure of injury in Part 1 ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE OF INJU		(County) (State)
ME	Hour a.m. p.m. 19	While of work of the street,	, office bldg., etc.)	
			3 , 19 6 , to June 26,	1967, that (I) (we) los
	saw the deceased alive an	1967, and that death	accurred of 11 3 pM, from couses and a	
	220. SIGNATURE	Smith M.D. ATTER	NDING MED. STAFF	4-21-47
	22c. PHYSICIANS NAME (Type) John 1	P. Smith 50 220	Centrarille, Meryland	,
23	a. BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY OR CREMATOR	RY . 23d. LOCATION (City or Town)	(County) (State)
	BURITZ 6-19-	-67 CENTRE VILL	E CENTRELILL	E QUEEN IND
1 2	4. FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR	
	1-11- WASDIE	LL-EASTON, MI	DATE TO 1967 OTTLE	was andre

